

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF WASHINGTON

Greg Allen

(Name of Plaintiff)

vs.

Dr. Ben Rodriguez

CIVIL RIGHTS COMPLAINT
BY A PRISONER UNDER 42
U.S.C. § 1983

CV-11-5007-CI

(Names of ALL Defendants)

I. Previous Lawsuits

A. Have you brought any other lawsuits in any federal court in the United States while a prisoner? ☒ YES ☐ NO

B. If your answer to A is yes, how many? 2 Describe the lawsuit in the space below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper using the same outline.)

1. Parties to this previous lawsuit:

Plaintiff: Greg Allen

Defendants: Eldon Vail; Steve Sinclair; Ben Rodriguez; David Grubb

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(Rev. 11/09)

2. Court (give name of District): East
3. Docket Number: 10-cv-5123-JPH
4. Name of judge to whom case was assigned: James Hutton
5. Disposition (For example: Was the case dismissed as frivolous or for failure to state a claim? Was it appealed? Is it still pending?):
voluntary withdrawal
6. Approximate date of filing lawsuit: Oct. 13TH, 2010
7. Approximate date of disposition: Nov. 30TH, 2010

II. Place of Present Confinement: WA. State Penitentiary

- A. Is there a prisoner grievance procedure available at this institution? ☒ YES ☐ NO
- B. Have you filed any grievances concerning the facts relating to this complaint?
☒ YES ☐ NO

If your answer is NO, explain why not: _____

- C. Is the grievance process completed? ☒ YES ☐ NO
- D. Have you sought other informal or formal relief from the proper administrative officials regarding the acts alleged in this complaint? ☐ YES ☐ NO

If your answer is NO, explain why not: _____

III. Parties to this Complaint

- A. Name of Plaintiff: Greg Allen Inmate No.: 806649
Address: 1313 N. 13TH AVE., Walla Walla, WA. 99362

(In Item B below, place the full name of the defendant, his/her official position, and his/her place of employment. Use Item C for the names, positions and places of employment of any additional defendants. Attach additional sheets if necessary.)

- B. Defendant: Dr. Ben Rodriguez Official Position: medical Provider
Place of Employment: 1313 N. 13TH AVE. Walla Walla, WA. 99362

C. Additional Defendants (NOTE: These Defendants must be listed in the caption of the Complaint.): _____

IV Statement of Claim

(State here as briefly as possible the facts of your case. Describe how each defendant is involved, including dates, places and other persons involved. Do not give any legal arguments or cite any cases or statutes. If you allege a number of related claims, number and set forth each claim in a separate paragraph. Attach additional sheets if necessary.)

On 8/27/2010 Dr. Ben Rodriguez demonstrated deliberate indifference To plaintiff's serious medical needs by refusing To Treat plaintiff's Chronic Pain Syndrome. Dr. Rodriguez's Knowledge of plaintiff's Chronic Pain Syndrome can be proven by direct evidence. For example, plaintiff presented medical records That proved: (1) A doctor perceived The medical need in question as important and worthy of Treatment; (2) The medical condition significantly affects daily activities; and (3) The existance of chronic and substantial pain. Plaintiff's Chronic Pain Syndrome has been diagnosed

by a physician as mandating Treatment with prescription narcotic pain medication after non-narcotic medication failed. A serious medical need is present whenever The failure To Treat a prisoner's condition could result in The unnecessary wanton infliction of pain. Here The plaintiff is suffering chronic and substantial neck, back, leg and ankle pain. The Eighth Amendment prohibits The unnecessary and wanton infliction of pain. Plaintiff's rights are violated.

V. Relief

(State briefly exactly what you want the court to do for you. Make no legal arguments. Cite no cases or statutes.)

(1) A declaration That The acts and omissions described herein violated plaintiff's rights under The Constitution and Laws of The United States; (2) A preliminary and permanent injunction ordering defendant Dr. Ben Rodriguez To Treat plaintiff's chronic Pain Syndrome;

I declare under penalty of perjury that the foregoing is true and correct. continued →

Signed this _____ day of _____, 20____.

(Signature of Plaintiff)

V. Relief

(State briefly exactly what you want the court to do for you. Make no legal arguments. Cite no cases or statutes.)

(3) compensatory damages in The amount of
\$50,000.00 ;(4) Punative damages in The amount
of \$50,000.00 ;(5) A Jury Trial on all issues
Triable by a Jury ;(6) Plaintiff's costs in This suit;
(7) Any additional relief This court deems Just,
proper and equitable.

I declare under penalty of perjury that the foregoing is true and correct.

Signed this 11TH day of January, 2011.

Breg Allen

(Signature of Plaintiff)

LOG I.D. NUMBER

1100688



OFFENDER COMPLAINT

CHECK ONE: ☒ Initial Grievance ☐ Emergency Grievance ☐ Appeal to Next Level

RESIDENTIAL FACILITIES: Send all completed copies of this form to the Grievance Coordinator. Explain what happened, when, where, and who was involved or which policy/procedure is being grieved. Be as brief as possible, but include the necessary facts. A formal grievance begins on the date the typed grievance forms are signed by the Coordinator. Contact staff to report an emergency situation or to initiate an emergency grievance. Please attempt to resolve all complaints through appropriate staff before initiating a grievance.

NOTE: Complaints must be filed within 20 days of the incident. Appeals must be filed within 5 days of receiving the response. Include log ID # of response being appealed.

Name: Last	First	Middle	DOC Number
Allen, Greg			806649
Program Assignment	Work Hours	Facility/Office	Unit/Cell
		WSP	Imu-S J-18
COMMUNITY SUPERVISION: Send all completed copies of this form directly to: Grievance Program Specialist, Offender Grievance Program, Department of Corrections, P.O. Box 41129, Olympia WA 98504-1129.			
MAILING ADDRESS: STREET OR P.O. BOX		CITY, STATE	ZIP CODE
			TELEPHONE NUMBER
I WANT TO GRIEVE:			
On 8/27/2010 I met with Dr. Ben Rodriguez for Treatment of my Chronic Pain Syndrome. Dr. Rodriguez said, "I won't Treat Chronic Pain" Thus leaving me To suffer The unnecessary and wanton infliction of Chronic and serious neck, back, leg and ankle pain. Dr. Rodriguez has Knowledge about my condition and Treatment Through medical records I presented.			
SUGGESTED REMEDY:			
(1) Treat my chronic Pain Syndrome with an "effective" pain medication. Note: I Took methadone for pain control from 11/5/06 Through To 9/2009; 3 Years.			
Mandatory Signature <u>Greg Allen</u>			Date <u>1/8/2011</u>

GRIEVANCE COORDINATOR'S RESPONSE						Location Code	Date Received
Your complaint is being returned because:						<u>WSP 1E04</u>	<u>1-10-11</u>
<input checked="" type="checkbox"/> It is not a grievable issue. <input type="checkbox"/> You requested to withdraw the complaint. <input type="checkbox"/> You failed to respond to callout sheet on _____ <input type="checkbox"/> The formal grievance/appeal paperwork is being prepared.						<input type="checkbox"/> The complaint was resolved informally. <input type="checkbox"/> Additional information and/or rewriting is needed. (See below.) Return within five (5) days or by: Due Date: _____ <input type="checkbox"/> No rewrite received. Date: _____	
EXPLANATION: <u>This issue has already been exhausted through the grievance system via log ID 0924544 Not Grievable</u>							
INITIAL COMPLAINT OBTS INFORMATION						DATE OF RESPONSE	COORDINATOR'S SIGNATURE
TYPE	CATEGORY	AREA	SPEC	REMEDY	RESOLUTION		
01	50	521430	08	08		1/10/11	<u>[Signature]</u>

1024941

December 10, 2010

Offender Allen, DOC 806649:

I am responding to your appeal dated 12/8/10.

The local grievance coordinator determined that your complaint was not grievable. I concur with the determination.

You have already grieved your treatment for these medical issues. You will not be permitted to pursue a new grievance every time a different medical staff member evaluates you.

Sincerely,

A handwritten signature in black ink, appearing to read 'R. Frederick', with a long horizontal flourish extending to the right.

Ronald Frederick
Grievance Program Manager

CC: WSP Grievance Coordinator
Grievance Log ID 1024941